

References

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SHORT REPORTS

Small bowel perforation due to a Christmas cake decoration

Perforation of the bowel by an ingested foreign body is surprisingly uncommon given the probable frequency with which various sharp indigestible objects are swallowed. We report a case which illustrates that even the most innocuous looking object is not without danger.

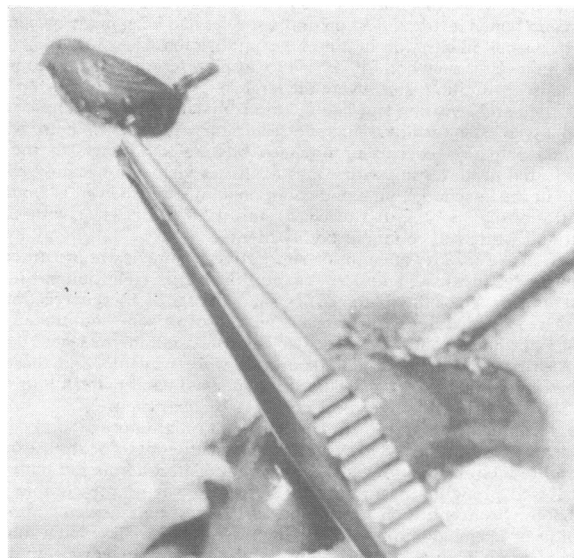
Case report

An 86 year old woman who lived alone presented as an emergency with a two day history of persistent abdominal pain, initially over the lower abdomen but later generalised. She had vomited several times and had not passed flatus or faeces for 24 hours. She was febrile and in pain with a pulse rate of 90 per minute and a blood pressure of 160/190 mm Hg. Abdominal examination showed signs of generalised peritonitis. At laparotomy a small amount of free fluid was found, with a fibrinous exudate on the small bowel. A pointed object was seen protruding through the ileum, 25 cm proximal to the ileocaecal valve. On removal this was found to be a small plastic robin, whose beak had perforated the bowel wall (figure). A local resection of the damaged bowel was performed and the patient made an uneventful post-operative recovery. On questioning later, she remembered eating a piece of Christmas cake two or three days before admission.

Comment

Henderson and Gaston quoted an incidence of perforation of 1% in a series of 800 patients who had swallowed foreign bodies.¹ More recently Gunn reported four new cases of intestinal perforation by swallowed sharp foreign bodies in south east London over 10 years,² and Ward-McQuaid reported six cases from the Oxford area over a similar length of time.³ The largest published series is that of McManus, who reviewed 95 published case reports up to 1938.⁴ Half of these patients were under 30 and he found that the incidence decreased with each successive decade. Other studies have shown a more scattered distribution in 32 cases.^{2,3,5} Snodgrass emphasised the association of swallowing foreign bodies with the loss of touch sensation that occurs with the use of dentures.⁵

Most patients present with a history of acute onset of pain and vomiting, and local or generalised peritonitis, but 24 of the 74 patients



Christmas robin being removed from small bowel.

whose details were available to McManus had a history of longer than two weeks, presenting with fever, localised pain, or a mass. Perforation has been seen in all parts of the small and large bowel but most perforations occur in the region of the ileocaecal valve, particularly including the appendix and, to a lesser extent, Meckel's diverticulum and simulate acute appendicitis in their presentation. The most common perforating agents are sharp metallic objects, especially pins or wire, meat or fish bones, and tooth picks or wood splinters. This case highlights the danger, particularly to those wearing dentures, of decorating food with small sharp objects.

We thank Mr W G T Bell for permission to report this case.

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Mercurialis perennis (dog's mercury) poisoning: a case of mistaken identity

The increasing popularity of natural foods and herbal remedies and their associations with the "alternative society" suggest that the incidence of accidental plant poisoning may increase. We report two cases of poisoning with *Mercurialis perennis* (dog's mercury), a common woodland plant found throughout Britain.

Case report

A 40 year old schoolmaster and his 39 year old wife ate a large quantity of a herb which they had mistakenly identified as the edible plant brooklime (*Veronica beccabunga*). Several bunches of the plant had been gathered from the banks of a stream in a north Wales forest. Before eating the plant they had washed and boiled it. Identification of the species had been made by comparison with a small illustration in a popular publication.¹

Four hours later they both presented to hospital seriously ill and complaining of nausea, vomiting, and severe bilateral colicky loin pains. Both patients were flushed and sweating and had a curious malar erythema. There was no abnormality of the cardiovascular or respiratory system. In both patients abdominal palpation elicited pronounced bilateral tenderness in the renal angles. Initial urine testing with Ames Multistix yielded a haemolysed trace of blood in the husband. Full blood count on admission showed haemoglobin concentrations of 15.2 g/dl (husband) and 12.8 g/dl (wife) with normal platelet and white cell counts in both patients.

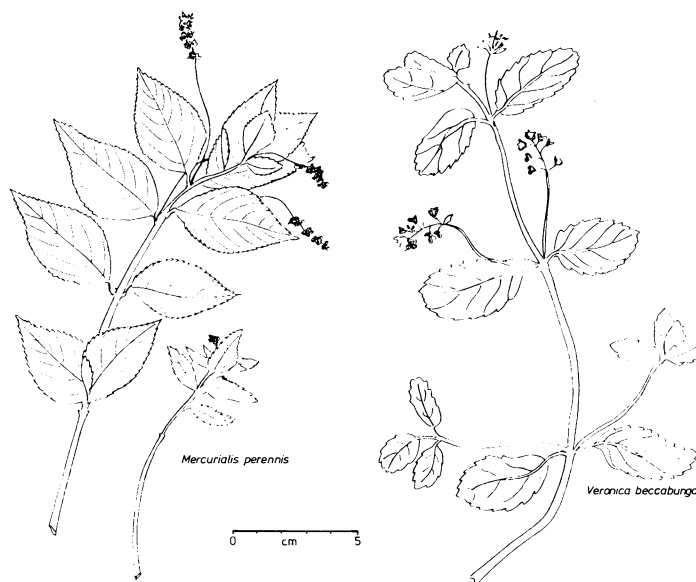
In view of the severity of vomiting supportive treatment was instituted with intravenous 5% dextrose and 0.9% saline, 1 litre over eight hours. Since the general appearance of the patients suggested a possible allergic reaction they were treated empirically with intravenous hydrocortisone sodium succinate 200 mg eight hourly and intramuscular chlorpheniramine maleate 20 mg.

Two leaves only of the original specimen were available, and these were identified by a botanical taxonomist. From the stomatal pattern and microscopic leaf characteristics the species was *M perennis* (figure).

The recommended empirical treatment² of high dosage oral sodium bicarbonate 25 g four times daily was begun in an attempt to neutralise organic acids and induce alkaline diuresis. Twelve hours after admission both blood films showed pronounced anisocytosis but there was no measurable fall in haemoglobin concentration. Repeated urine testing showed immediate resolution of haemoglobinuria in the man. Serial liver function values, including serum bilirubin concentration, alanine aminotransferase activity, and prothrombin times, remained within normal limits. There was no abnormality in serum urea or electrolyte concentrations. Faecal occult blood testing remained negative and urine microscopy clear. Forty eight hours later both blood films were normal; the patients made a complete recovery.

Comment

Dog's mercury is a common woodland plant, a member of the spurge family Euphorbiaceae, and is known to be very poisonous. The ground may be covered with extensive patches in spring, and it is generally found throughout Britain, especially on clay, basic, or neutral soils. The volatile basic oil mercurialine is thought to be one of the active principles partly responsible for the toxicity of the herb and induces haemorrhagic inflammation of the gastrointestinal tract and kidneys. There is apparently some narcotic action, which may induce drowsiness and mild muscular spasm. Symptoms are gastroenteritis, constipation followed by bloody diarrhoea, haematuria or



Illustrations of *M perennis* (dog's mercury) and *V beccabunga* (brooklime) derived from shadowgraphs of actual specimens.

haemoglobinuria, fever, and coma leading to death.² This toxicity was recognised by Nicholas Culpeper in the seventeenth century, when he wrote: "There is not a more fatal plant, native of our country than this species of mercury" (Nicholas Culpeper (1616-54), *Culpeper's complete herbal and English physician*; 1826 edition).

The poisoning of ruminant animals is not uncommon.³ A well documented outbreak of fatal mercurialis poisoning in Welsh mountain ewes⁴ included haemolytic anaemia without marrow suppression and acute oedematous gastroenteritis with hepatic centrilobular necrosis. Experimentally induced toxicity with dog's mercury, frozen at different stages of growth and fed to sheep, indicated that these effects may be due to different toxic principles developing at varying stages of plant growth. Another possibility is that one toxin is the culprit and, provided the victim survives the enteric upset, prolonged ingestion produces haemolytic anaemia.

Cases in man have been reported⁵ but the clinical signs not fully recorded. In particular, there appears to be no report of the malar erythema noted in both of our patients, but the abdominal symptoms, haemoglobinuria, and anisocytosis are consistent with the clinical signs and haemolysis observed in poisoned animals. Fortunately, our patients had boiled the plant before ingestion. This presumably removed some of the thermolabile and toxic oils, thus reducing the severity of poisoning. Hence there was evidence of only very mild haemolysis in one patient.

Publications which fail to give accurate and detailed colour illustrations of plants should be treated with caution. Moreover, the appearance of a species varies with habitat, and this remains a trap for the unwary.

We are grateful for the help of Miss Denise Lamb, poisons unit, Guy's Hospital, London, and Mrs Elizabeth Rugman for the illustrations.

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